

FPS-SC-2
May 2001

APPLICATION FOR CERTIFICATE OF COMPETENCY
FIRE PROTECTION SPRINKLER

() Initial Application

() Renewal Application

In compliance with KRS Chapter 198B, I hereby request that I be issued a Certificate of Competency or have my Certificate of Competency renewed by the Department of Housing, Buildings and Construction as required by law. I am currently engaged or intend to engage in the preparation of technical drawings, installation, repair, alteration, addition, maintenance or inspection of fire protection sprinkler systems.

I agree to notify the Commissioner within thirty (30) days of any change in my employment status. I also agree that any information in this application may be verified.

APPLICANT'S NAME _____ SSAN _____
(Soc. Sec. Acc. #)

APPLICANT'S PRESENT KENTUCKY SPRINKLER CERTIFICATE OF COMPETENCY NUMBER _____
Indicate any other Kentucky Certificate of Competency numbers for SPRINKLER Systems Applicant may have held. If none so state _____

APPLICANT'S HOME ADDRESS: _____
_____, _____, _____
(City) (State) (Zip)

HOME TELEPHONE NUMBER: (_____) _____ COUNTY (Parish): _____

APPLICANT WILL BE CERTIFICATE OF COMPETENCY HOLDER FOR:

BUSINESS NAME: _____

BUSINESS ADDRESS: _____
(Include PO Box Number and Street Address if Applicable) _____, _____,

BUSINESS TELEPHONE NUMBER: (_____) _____

I, _____, swear or affirm that to the best of my knowledge and
(Applicant)
belief, the statements contained herein are true and complete.

(Applicant Signature)

State of _____

County of (Parish of) _____

Sworn before me this _____, day of _____, 20_____.

NOTARY PUBLIC

My Commission Expires

Include fee of \$125.00 and all supporting documentation.

CERTIFICATION OF EMPLOYER/CONTRACTOR

This is to certify that _____ is presently employed by
(Applicant's Name)
_____ in capacity of _____
(Name of Business) (Title)

and is authorized to act for the business in all matters pertaining to the installation, repair, alteration, addition, maintenance, inspection and testing of fire protection sprinkler extinguishing systems in the State of Kentucky.

If for any reason the applicant terminates employment with the above business, we, the undersigned, do understand that the Commissioner is to be notified within thirty (30) days, and that the business will have six (6) months or until expiration of current license (whichever occurs last) within which to submit an application on a new certificate holder and be issued a new contractors license. I agree that any information contained in this application may be verified.

I, _____, being the _____
(Employer) (Title)
of _____, swear or affirm that to the best of my knowledge and
(Name of Business)
belief, the statements contained in this application are true and complete.

(Employer Signature)

State of _____

County of (Parish of) _____

Sworn before me this _____ day of _____, 20_____

NOTARY PUBLIC My Commission Expires